TRAVEL VOUCHE	R 1. DEI	PARTMENT OR I	ESTABLISHMENT, OR OFFICE		2. TYPE	OF TRAVEL	3. VOUCHER NO.				
TRAVEL VOUCHE (Read the Privacy A Statement on the back)	ACT				 P	EMPORARY DUTY ERMANENT CHANGE OF STATION	4. SCHEDULE NO.				
a. NAME (Last, first, middle	e initial)					AL SECURITY NUMBER	6. PERIOD OF TRAVEL				
							a. FROM	b. TO			
c. MAILING ADDRESS (Inc.) c. MAILING ADDRESS (Inc.) e. PRESENT DUTY STATIC											
c. MAILING ADDRESS (Inc.	lude ZIP Code	e)			d. OFFI	CE TELEPHONE NO.	7. TRAVEL AUT				
띪							a. NUMBER(S)	b. DATE(S)			
VEI											
e. PRESENT DUTY STATIO	NI .		f. RESIDENCE (Cit	ty and Statal			-				
-l		1. NESIDENCE (Ch	y and State)			10 CHECK NO					
ις.							10. CHECK NO.	•			
8. TRAVEL ADVANCE			9. CASH PAY	MENT RE	CEIPT		11. PAID BY				
a. Outstanding			a. DATE RECEIVE	D	b. AMO	UNT RECEIVED	1				
b.Amount to be applied			1		\$						
c. Amount due Government	c. PAYEE'S SIGNA	ATURE	•								
(Attached: Check	Cash)	,									
d.Balance outstanding	T							Toursday's Julians			
12. GOVERNMENT TRANSPORTATION		-		•	•	parties in connection with procedures (FPMR 101)		Traveler's Initials			
TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PUR-	tranoportua	on onargos acoc	<u> </u>	loca andor oc	Jon payme						
CHASED WITH CASH (List by number below	AGENT'S		MODE, CLASS OF	DAT	E	PO	DINTS OF TRAVE	L			
and attach passenger coupon; if cash is used	OF TICKE		SERVICE AND ACCOM-	ISSUE	ĒD	FROM		TO (f)			
show claim on reverse side.)	(a)	(b)	MODATIONS (c)	(d)		(e)					
13 I certify that this vouche						payment or credit has not gincurred during the period					
covered by this voucher.	поп арриоавто	, por alorri olairi	54 15 B4554 511 416 1	avorago coot	o. lougiil	DATE					
TRAVELER SIGN HERE						DATE	AMOUNT CLAIMED				
				·'·· (00 II 0	0 0514		CLAINLD	\$			
NOTE: Falsification of an it of not more than \$10						and may result in a fine 87; i.d. 1001).					
14. This voucher is approved.					iry	17. FOR FINANCE O	FFICE USE ONLY				
in the interest of the Gove the approving official must	have been at	uthorized in writi				COMPUTA	TION	\$			
department or agency to s	so certify (31	U.S.C. 680a).				a.DIFFER- ————— ENCES,					
APPROVING				DATE		IF ANY (Explain					
OFFICIAL						and show amount)					
SIGN HERE						L TOTAL VEDICIED CODE	DECT FOR				
15. LAST PRECEDING VOUCH			/EL AUTHORIZATION		υ ν .	b.TOTAL VERIFIED CORF CHARGE TO APPROPR					
a. VOUCHER NO.	р. D.O.	SYMBOL		c. MONTH & YEAR				ا			
16. THIS VOUCHER IS CERTI	FIED CORREC	T AND PROPER	REOR PAVMENT			Certifier's Initials: c. APPLIED TO TRAVEL A	DVANCE	\$			
AUTHORIZED,		, +D I NOI EF	OILLA IMENI	DATE		(Appropriation symbol):		s			
CERTIFYING						NET TO TOA	/ELED	¥			
OFFICIAL SIGN HERE						d. NET TO TRAN	VELEK	Ś			
18. ACCOUNTING CLASSIFICA	ATION			-							

		INSTRUCTIONS TO TRAVE	TIONS TO TRAVELER (Unlisted items are self-explanatory) Complete this PAGE															
SCHEDULE OF EXPENSES		Col. (c) If the voucher includes	Co	m-	Г	Col.	(d)]	Show amount incurred for each meal, including tax and tips, and							information of if this is a			
		per diem allowances for	plete				(g) ʃ (h)	daily total	meal cost.	as: laundry, c	leaning and pre	seeing of clot	thee tine		ontinuation			
		members of employee's immediate family, show	onl	ly		(n	(11)	to bellboys	s, porters, e	iries, tips	sh	neet.						
	ISES	members' names, ages,	for		L	(i)		Complete	for per diem	n and actual ex	pense travel.			T	RAVEL AUTHO	ORIZATION		
AND AMOUNTS CLAIMED		and relationship to em-		tual pense		(j)	(j) (m)	Show tota	al subsistence	e expense incu nt, limited to m	ırred tor actual	ivel.		0.				
		ployee and martial status	tra		,	(111)	expense,	show the les	sser of the amo	unt from col. (m rate.	Ľ						
		of children (unless infor-			((n)	Show exp	enses, such	as: taxi/limous	ine fares, air	ased with	T	TRAVELER'S LAST NAME					
0271111		mation is shown on the travel authorization.)								stance telephon other than subs		ernment bu	siness,					
	I	,	ITEMIZED SUBSISTENCE EXPENSES									AMOUNT CLAIMED						
DATE TIME (Hour and		DESCRIPTION (Departure/arrival city, per diem computation, or other explanations	ITEIVIIZ					ED 30631	1	TENSES	MILEAGE RATE:		4	AMOUNT GEATHER				
				ME	MEALS			MISCEL- LANEOUS	1	TOTAL	—	l						
	am/pm)	explanations of expense)	BREAK- FAST	LUNG	эн	DINNI	FR	TOTAL	SUBSIS- TENCE	LODGING	SUBSISTENCE EXPENSE	NO. OF	MILEAGE		SUBSISTENCE	OTHER		
(a)	(b)	(c)	(d)	(e)		(f)	_,,	(g)	(h)	(i)	(j)	MILES (k)	(I)		(m)	(n)		
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In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July										ions or prosecut	ions, or when	pursuant to a	Enter gran	d to	otal of columns	s (I), (m),		
															v and in Item 1			
22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs fo such reimbursements to the Government. The information will be used by officers and employees who have a					1943, while in Government service. Your Social Security Account Number (SSN) is solicited quested under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and								front of this form					
					nı al	umber; llowance	disc e exi	closure is Notes pense reimu	MANDATORY rsement which	on vouchers cla n is, or may be,	aiming travel and taxable income	I/or relocation Disclosure of	TOTAL					
					V	our SS	SN and	d other reau	ested informat	tion is voluntary	in all other instance	ces: however.	AIVIOUNI					
		in the performance of their official duties appropriate Federal, State, local or foreign			ta re	anure to esult in	ο prov delay	vide the info / or loss of i	rmation (other reimbursement.	r than SSN) requ	ired to support	trie claim may	CLAIMED					